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DATE: APR 2 1956

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TO:

FROM:

SUBJECT: General - Administrative/Personnel

Specific - Information on Life and Health Insurance

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REFERENCE:

1. The following health and life insurance coverage is available to all personnel on unvouchered funds who are members in good standing of Government Employees Health Association Inc. (see para 2 for membership information). Detailed military personnel on active duty are eligible to purchase life insurance.

a. GENA-LIFE (Underwritten by United Benefit Life Insurance Co. of Omaha, Nebraska) This policy includes a double indemnity accidental death provision. The insurance may be held until the member reaches age 65 when it is cancelled if not converted.

Schedule of Benefits and Monthly Premiums

The face amounts of life insurance, accidental death benefits and monthly premiums of the five classes of insurance that may be selected by members of GENA are as follows:

Class	Face Amount		Accidental Death Benefit	Monthly Premium
Class 1	\$ 3,000	plus	\$ 3,000	\$1.83
Class 2	\$ 6,000	plus	\$ 6,000	\$3.66
Class 3	\$ 9,000	plus	\$ 9,000	\$5.49
Class 4	\$12,000	plus	\$12,000	\$7.32

Initial Selection

A member earning \$3,200 or less annually may select, initially Class 1 or Class 2. A member earning \$3,201 or more may select, initially, any one of the five classes.

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Subsequent Changes

A member may change to the next class for which he qualifies, within sixty days of a grade change in salary. Within-grade step increases are not to be considered. A member may apply for benefits of a higher class at any time by furnishing the Association satisfactory evidence of insurability by medical examination. In that event insurance coverage obtained must be retained for a period of 12 continuous months in order to retain his membership in the Association and his insurance coverage.

Accidental Death Coverage

The double indemnity provision is automatically included. The accidental death benefit insures against loss of life resulting directly, and independently of all other causes, from bodily injuries produced solely through accidental means. If bodily injuries sustained by the insured member result in loss of life within ninety days from date of accident, such amount of Principal Sum in force on the life of the member will be paid to the named beneficiary.

Limitations

The accidental death benefit does not cover death caused directly or indirectly, wholly or partly

1. By bacterial infections (except pyogenic infections which shall occur with and through an accidental cut or wound), or
2. By any kind of disease, or
3. By medical or surgical treatment (except such as may result directly from such treatment made necessary by injuries covered by this policy), nor shall it cover
4. Suicide or any attempt thereat, while sane or insane, nor
5. Death from any injuries sustained as the result of or while participating in aeromantics, aviation, air travel or air transportation except as a passenger. The term "passenger" is understood to exclude pilot, copilot, and all other members of the crew, engaged in the operation of the aircraft.
6. Death after any premium has been waived.

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Conversion Privilege

A certificate holder may convert his insurance to any permanent plan of life insurance, other than term, underwritten by the United Benefit Life Insurance Company, without physical examination, when he reaches the age of 65 or within 31 days after termination of his employment.

Premium Waiver for Total and Permanent Disability

In the event a certificate holder becomes totally and, presumably permanently disabled prior to the age of 60, his insurance will remain in force without payment of premium until recovery or death regardless of age.

Continuation of Insurance Upon Termination of Employment

The life insurance will continue in effect for 31 days following termination of employment.

Payment of Insurance Benefits

The beneficiary may elect to have the death benefit paid as follows,

in lump sum, or
in a series of monthly installments, or
partly in a lump sum and the balance in a series of
monthly installments.

The beneficiary may be changed at any time upon the written request of the certificate holder.

Medical Examination

Applicants must show evidence of insurability by medical examination unless application is made within 60 days after entry on duty, during and Annual Application Period, or from an overseas returnee on permanent change of station within 60 days of arrival.

Application

Applications for life insurance coverage must be accompanied by payment of the first two months premium and the membership fee in the association. Checks in payment of premiums should be made payable to "GEHA-Life".

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b. QNEA-HEALTH (Underwritten by Mutual Benefit Health and Accident Association of Omaha, Nebraska)

Monthly Premiums

Hospital and Surgical Services	Monthly Premium
Single (member only)	\$2.70
Family (member, spouse and all children between the ages of 14 days and 19 years)*	\$7.98

*Married children or children separately insured under the Health Insurance Plan are excluded.

Health Insurance Coverage

The Health Insurance Plan provides hospital and surgical services benefits for all types of illness or accidents including the following:

- | | |
|---------------------------------|---------------------------|
| 1. Tuberculosis | 4. Quarantinable diseases |
| 2. Heart conditions | 5. Cancer |
| 3. Mental and Nervous disorders | 6. Pre-existing diseases |

The Health Insurance does not cover:

1. Claims which are properly payable under the Federal Federal Employees Compensation Act, or similar legislation.
2. Claims for services other than those provided by the hospital. (i.e. special or private nurses or doctors calls).

Hospital Service Benefits in the United States

The benefits listed below are available under the Health Insurance Plan to insured members and their dependents in any hospital they may select within the continental limits of the United States.

1. Hospital Room and Board: (Private or Semi-private Room) - Up to \$13.50 per day Room and Board for up to 90 continuous days with no limit on frequency (one-day return to work break) - except normal maternity.

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2. Hospital Extras: (unallocated) Up to \$202.50 plus 75% of the covered hospital extras up to \$5,000.00 of benefits. Hospital extras include:

Ambulance fees for transportation to and from hospital
(Limit \$25.00)
Anesthesiologist - Up to \$25.00 for other than regular
hospital personnel for administration of anesthetic
Medical services in hospital or authorized clinic - X-ray
laboratory tests, physical therapy, and diagnosis

3. Normal Maternity: \$9.00 per day Room and Board for 8 days.
4. Abnormal Maternity: (Caesarean, Termination of Ectopic Pregnancy and Miscarriage) Up to \$13.50 per day Room and Board for 90 days plus extras as paid in Nos. 1 and 2 above.
5. Out-Patient Emergency Service: Up to \$202.50 for injuries requiring medical attention within 24 hours of accident
6. Out-Patient Surgical Services: Up to \$202.50 for hospital miscellaneous expense benefits incurred in connection with a surgical operation where the member is not hospital confined.

Hospital Service Benefits Overseas

The benefits listed below are available under the Health Insurance Plan to certificate holders and their dependents in any hospital they may select outside the continental limits of the United States.

1. Hospital Room and Board: (Private or Semi-private Room) Up to \$9.00 per day Room and Board for up to 90 days continuous days with no limit on frequency (one-day return to work break) - except normal maternity.
2. Hospital Extras: (unallocated) Up to \$135.00 Hospital extras include:

Ambulance fees for transportation to and from hospital
hospital (Limit \$25.00)
Anesthesiologist - Up to \$25.00 for other than regular
hospital personnel for administration of anesthetic
paid under hospital extras.
Medical Services in Hospital or authorized - X-ray,
laboratory tests, physical therapy, and diagnosis.

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3. Normal Maternity: \$9.00 per day Room and Board for 8 days
4. Abnormal Maternity: (Caesarean, Termination of Ectopic Pregnancy and Miscarriage) Up to \$9.00 per day Room and Board for 90 days plus extras as paid in Nos. 1 and 2 above.
5. Out-Patient Emergency Services: Up to \$135.00 for injuries requiring medical attention within 24 hours of accident.
6. Out-Patient Surgical Services: Up to \$135.00 for hospital miscellaneous expense benefits incurred in connection with a surgical operation where the member is not hospital confined.

Surgical Benefits in the United States and Overseas

Benefits for surgical services performed in a hospital, doctor's office, or at home, listed below, are available under the Health Insurance Plan to certificate holders and their dependents, no matter in what part of the world they are located. Benefits for dental surgical services, however, are available only if they are performed in a hospital.

Surgical Services : Up to \$250.00 paid in accordance with the master schedule.

Examples from Master Schedule

Hernia, unilateral	\$100.00	Amputation - arm, foot	\$125.00
Hernia, bilateral	\$140.00	Skull fracture - compound	\$250.00
Appendectomy	\$100.00	Fracture of base of spine	\$ 62.50

Waiting Period

No waiting period is required regardless of conditions existing prior to application except for maternity in the instances described below.

A period of 9 months is required for maternity when application for health insurance is made during the initial Application Period, if the applicant does not have current group hospitalization and surgical coverage sponsored by the Association.

A waiting period of 9 months is required for maternity when application for health insurance is made subsequent to the initial Application period.

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Continuation of Insurance Upon Termination of Employment

The health insurance will continue in effect until the end of the month in which employment terminated. Maternity benefits are extended for a period of 9 months subsequent to the termination of employment of the certificate-holder, provided the female member or the dependents of a male member have been insured for the previous nine months.

Extended Benefits

Benefits for hospitalization and surgery performed during the continuance of disability are payable within thirteen weeks following the date such disability terminated the employment of the member.

Payment of Insurance Benefits

The benefits provided in the Health Insurance Plan will be paid to the insured member upon the submission of his claim to the Insurance and Claims Office. Such claims must be substantiated by receipted bills from the appropriate hospital or clinic, doctor or dental surgeon.

Medical Examination

No medical examination is required from an applicant member during the period of an Annual Application Period, or from an overseas returnee on permanent change of station, within 60 days after arrival, or from an applicant during the first 60 days after entry on duty. Members applying under any other than the above circumstances must show evidence of insurability by medical examination.

Application

Persons whose applications for membership are approved will become members of the Association upon the payment of a one dollar membership fee. Employees who are currently members of the Government Employees Health Association, Inc. may continue their membership without the payment of an additional fee. Application for health insurance must be accompanied by the payment of premiums for two months and the membership fee in the Association. Checks in payment of premiums shall be made payable to "GEHA-Health".

Conversion Privilege

Upon termination of membership in the Association by reason of termination of employment, the insured employee may convert his health

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insurance to an individual policy offered by the Mutual Benefit Health and Accident Association of Omaha without evidence of insurability, at a slightly increased rate, providing the employee

- (a) is less than 75 years of age
- (b) applies for the conversion policy within 30 days of termination of his group insurance.

This insurance may include the employee and all of his dependents who were insured under his group certificate. Coverage for dependent children terminates at age nineteen, but they may apply for a conversion policy on an individual basis.

The insurance will be effective on the date the application and the required premium are accepted by the Company, and will continue in force for not less than six months after the effective date. Renewal after the first six months will be subject to the consent of the Company.

Conditions of Membership in GEHA

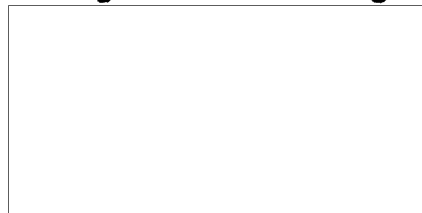
The Board of Directors of the Government Employees Health Association, Inc. determines all matters concerned with eligibility for and retention of membership in the Association.

To be eligible to purchase insurance coverage, a person must be a member of the Association, in good standing.

Premiums on certificates must be paid and maintained a minimum of two months in advance. The certificate of any person not complying with this requirement will be cancelled automatically at the end of the period for which his premium has been paid.

The Association will maintain exclusive relationships with the underwriting companies. Under no circumstances may a member of the Association make direct contact with these companies or their agents.


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Attachments: Application forms

PCS/DCI:lb

3 April 1956

Distr: O&I - 

- 1 - Insurance file
- 1 - Billing file
- 1 - Chrono file

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JAMES A. CUMMINGS, JR.
Releasing Officer